

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/031268</div>	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97		/				
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99	/					
100		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-378)

SERIAL NO. <b>10/03/268</b>	FILED DATE
APPLICANT(S)	

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101												
102												
103												
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145												
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

81												
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100												
TOTAL IND.	6											
TOTAL DEP.	137											
TOTAL CLAIMS	143											